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NOTICE OF FILING/CLAIM FEE(S) DUE
TO ENSURE PROPER CREDIT OF FEES, PLEASE RETURN A COPY OF THIS
FEE CALCULATION SHEET WITH YOUR RESPONSE.

APPLICATION NUMBER: 08/908994

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee =	Total
Sm./Lg.				Sm. Entity	Lg. Entity	
Basic Filing Fee	<u>201/101</u>				<u>790</u>	<u>790</u>
Total Claims >20	<u>203/103</u>	<u>20</u>	-20 =	X		
Independent Claims >3	<u>202/102</u>	<u>3</u>	-3 =	X		
Mult. Dep. Claim Present	<u>204/104</u>					
Surcharge	<u>205/105</u>				<u>130</u>	<u>130</u>
English Translation	<u>139</u>					
<u>TOTAL FEE CALCULATION</u>						<u>920</u>

Fees due upon filing the application:

Total Filing Fees Due = \$ 920

Less Filing Fees Submitted - \$ 385

BALANCE DUE = \$ 535

Office of Initial Patent Examination

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1996

Application or Docket Number

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	10 minus 20 =	*
INDEPENDENT CLAIMS	3 minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	Fee	RATE
	385.00	
x\$11=		x\$22=
x40=		x80=
+130=		+260=
TOTAL		TOTAL

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent *				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
RATE	ADDI- TIONAL FEE	RATE
x\$11=		x\$22=
x40=		x80=
+130=		+260=
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent *				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x40=		x80=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent *				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
x\$11=		x\$22=	
x40=		x80=	
+130=		+260=	
TOTAL ADDIT. FEE		TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.